

PCT

FEE CALCULATION SHEET

Annex to the Request

For receiving Office use only

International Application No. _____

Date stamp of the receiving Office _____

Applicant's or agent's
file reference

52319 WO

Applicant

Nokia Corporation et al.

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE

CHF 100,00 [T]

2. SEARCH FEE

CHF 2432,00 [S]

International search to be carried out by

SE

(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FILING FEE

Where items (b) and/or (c) of Box No. IX apply, enter **Sub-total number of sheets** } 36
Where items (b) and (c) of Box No. IX do not apply, enter **Total number of sheets**

[i1] first 30 sheets CHF 1400,00 [i1]

[i2] 6 x 15,00 = CHF 90,00 [i2]
number of sheets fee per sheet
in excess of 30

[i3] additional component (only if sequence listing and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)):

400 x fee per sheet = [i3]

Add amounts entered at i1, i2 and i3 and enter total at I CHF 1490,00 [I]

(Applicants from certain States are entitled to a reduction of 75% of the international filing fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the international filing fee.)

4. FEE FOR PRIORITY DOCUMENT (if applicable)

[P]

5. TOTAL FEES PAYABLE

CHF 4022,00

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL

MODE OF PAYMENT

☐ authorization to charge
deposit account (see below)☐ postal money order☐ cash☐ coupons☐ cheque☒ bank draft☐ revenue stamps☐ other (specify): _____

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT

(This mode of payment may not be available at all receiving Offices)☐ Authorization to charge the total fees indicated above.☐ *(This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit)* Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.☐ Authorization to charge the fee for priority document.

Receiving Office: RO/ _____

Deposit Account No.: _____

Date: _____

Name: _____

Signature: _____